

AFFORDABLE HOUSING APPLICATION

Applications must be emailed to bhwaitlist@INLIVIAN.com

You must be 18 years old in order to submit an application. This application must be filled out completely. Failure to do so will place your application in the incomplete file and it will not be placed on the Waiting List.

Indicate which property waitlist(s) you want to apply to by checking the checkbox(es)

Property	Description	<input type="checkbox"/>	Property	Description	<input type="checkbox"/>
940 Brevard	62+ First Priority 55+ Second Priority	<input type="checkbox"/>	Mallard Ridge	Family	<input type="checkbox"/>
Autumn Place	62+ First Priority 55+ Second Priority	<input type="checkbox"/>	McMullen	Family	<input type="checkbox"/>
Edwin Towers	55+	<input type="checkbox"/>	Meadow Oaks	Family	<input type="checkbox"/>
McAlpine	62+ First Priority 55+ Second Priority	<input type="checkbox"/>	Montgomery Gardens	Family	<input type="checkbox"/>
Parktowne	62+ First Priority 55+ Second Priority	<input type="checkbox"/>	Nia Point	Family	<input type="checkbox"/>
Strawn	62+ First Priority 55+ Second Priority	<input type="checkbox"/>	Oak Valley	Family	<input type="checkbox"/>
Woodlawn House	55+	<input type="checkbox"/>	Park at Oaklawn	Family	<input type="checkbox"/>
Charlottetown	Disabled/Senior	<input type="checkbox"/>	Robinsdale	Family	<input type="checkbox"/>
Arbor Glen	Family	<input type="checkbox"/>	Savanna Woods	Family	<input type="checkbox"/>
Cedar Knoll	Family	<input type="checkbox"/>	Seneca Woods	Family	<input type="checkbox"/>
Claremont	Family	<input type="checkbox"/>	Southside Homes	Family	<input type="checkbox"/>
Fairmarket Square	Family	<input type="checkbox"/>	Springfield	Family	<input type="checkbox"/>
Gladedale	Family	<input type="checkbox"/>	Sunridge	Family	<input type="checkbox"/>
Glen Cove	Family	<input type="checkbox"/>	Tarlton Hills	Family	<input type="checkbox"/>
Grove Place	Family	<input type="checkbox"/>	Valleyview	Family	<input type="checkbox"/>
Hampton Creste	Family	<input type="checkbox"/>	Victoria Square	Family	<input type="checkbox"/>
Leafcrest	Family	<input type="checkbox"/>	Wallace Woods	Family	<input type="checkbox"/>

First Name			Last Name		
Street Address			City		
State		Zip Code		Telephone Number (Preferred)	
Email Address		Social Security Number		Birth Date	
Race <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other		Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		Are You Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No	
				Highest Education Completed <input type="checkbox"/> Elementary <input type="checkbox"/> High School <input type="checkbox"/> Jr. College <input type="checkbox"/> College/University <input type="checkbox"/> Post Graduate	
Type of Monthly Income (check all that apply) <input type="checkbox"/> Wage <input type="checkbox"/> SS <input type="checkbox"/> TANF <input type="checkbox"/> SSI <input type="checkbox"/> Child Support <input type="checkbox"/> VA <input type="checkbox"/> Retirement/Pension <input type="checkbox"/> Unemployment			Amount of Monthly Income \$ _____		Assets <input type="checkbox"/> Savings <input type="checkbox"/> Stocks, Bonds, Money <input type="checkbox"/> 401K <input type="checkbox"/> Market account <input type="checkbox"/> Other
Family Attributes:			Male		Female
Head of Household:			_____		_____
Spouse/Co-Head:			_____		_____
# of Other Adults:			_____		_____
# of Students 18+ Years Old			_____		_____
# of Youth < 18 Years Old			_____		_____
# of Foster Children:			_____		_____
# of Live-in Aides:			_____		_____
Total People in Household			_____		_____
Driver's License #					
Occupation			Are you a US citizen? <input type="checkbox"/> Yes (Citizen) <input type="checkbox"/> No (Noncitizen)		

Please list the individuals that will be living with you.

Name of Members	Relationship	Age	Birth Date	Sex	Social Security Number
	Head of Household				XXX - XX - _____
					XXX - XX - _____
					XXX - XX - _____
					XXX - XX - _____
					XXX - XX - _____
					XXX - XX - _____
					XXX - XX - _____
					XXX - XX - _____

Are you expecting a change to your household/family composition in the next 12 months?

_____ (i.e. pregnancy, adoption, pending custody/guardianship)

1. Have you ever lived in federally subsidized housing or program? Yes_____ No_____
 If Yes, please give the name of the Housing Authority or program and address.

 If you answered yes to #1, please answer #2
2. Did you leave owing the Housing Authority or program any money? Yes_____ No_____
3. Has anyone in your household or any member of your household ever been arrested or convicted of a felony for drug-related criminal activity or violent criminal activity within the last seven (7) years? Yes_____ No_____
 If yes, what state did the offense occur in? Example SC, NC, etc. State: _____
4. Have you, as head of household, or anyone in your household ever committed any fraud in a federal assisted housing program, or been requested to repay money for knowingly misrepresenting information for such housing programs, or have you been requested to repay any monies? Yes_____ No_____
5. Have you or any member of your household ever been required to register as a sex offender? If so in what state(s) Yes_____ No_____
 State(s): _____
6. Have you or any member of your household ever been required to register as a life-time sex offender? If so in what state(s) Yes_____ No_____
 State(s): _____

I do hereby certify that the information I gave is true and accurate, to the best of my knowledge. I also acknowledge it is my sole responsibility to keep all information contained on this application current at all times.

 Applicant's Signature

 Date

If any assistance is required in completing this form please call 711 or 800-735-2962 (TDD/TYY).

How did you hear about us? (check all that apply)	<input type="checkbox"/> None <input type="checkbox"/> Sign <input type="checkbox"/> Drive By <input type="checkbox"/> Walk-in <input type="checkbox"/> Referral <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Yellow pages <input type="checkbox"/> Newspaper <input type="checkbox"/> Other
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For Blue Horizon Use Only

<p style="text-align: center;"><i>Date Stamp</i></p> <p>Intake Processor's Signature:</p> <p>_____</p>	<p>Status: <input type="checkbox"/>Approve <input type="checkbox"/>Denied <input type="checkbox"/>Prospect</p> <p>Bedroom Size:_____ Program Type:_____</p>
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